

P210000027456

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : MAS INSURANCE & ACCOUNTING LLC
Account Number : I20170000039
Phone : (407)301-2659
Fax Number : (407)846-0320

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: brenda.mas@aol.com

FLORIDA PROFIT/NON PROFIT CORPORATION
G A G LANDSCAPING INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

J. FASON

MAR 15 2021

2021 MAR 12 PM 4:53

RECEIVED

2021 MAR 12 AM 8:09

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: G.A.G Landscaping Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Ruben Martinez
Name (Printed or typed)
1058 Preserve Dr
Address
Davenport, FL 33894
City, State & Zip
939-439 7231
Daytime Telephone number
brenda.mas@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

G. A. G. Landscaping IncARTICLE II PRINCIPAL OFFICE

Principal street address

1058 Preserve DrDavenport FL 33896

Mailing address, if different is:

1058 Preserve DrDavenport, FL 33896ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All Lawful actsARTICLE IV SHARES

The number of shares of stock is:

100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Ruben Martinez (President)

Name and Title:

Address

1058 Preserve Dr
Davenport, FL 33896

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2021 MAR 12 AM 8:09

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ruben Martinez
 Address: 1058 Preserve Dr
Davenport, FL 33896

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Ruben Martinez
 Address: 1058 Preserve Dr
Davenport, FL 33896

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ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 3/9/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Rubin Martz 3/9/2021
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Rubin Martz 3/9/2021
 Required Signature/Incorporator Date